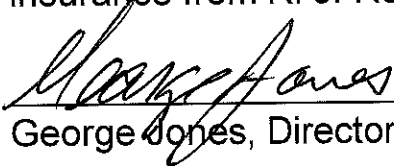


# BID RENEWAL

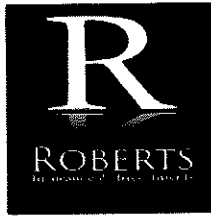
## Student Insurance 2019-20fy

	2017-18FY Roberts	2018-19FY Roberts	2019-20FY Roberts
Total Premium	2017-18fy <b>\$34,588.10</b> (Nationwide Plan 4)	Renewal 2018-19fy <b>\$34,428.20</b> (Nationwide Plan 4)	Renewal 2019-20fy <b>\$42,481.40</b> (Nationwide Plan 4)
Name of Insurer	<b>R. J. Roberts, Inc</b>	<b>R. J. Roberts, Inc</b>	<b>R. J. Roberts, Inc</b>

It is respectfully recommended to accept renewal for student accident insurance from R. J. Roberts, Inc. for the 2019-2020fy school year.

  
 \_\_\_\_\_  
 George Jones, Director of Facilities

3-25-19  
 Dated



February 25, 2019

Roberts Insurance would like to thank you for the opportunity to provide quotes for your Student Accident Insurance. Our primary focus has been, is and always will be Student Accident Insurance programs, products, and consulting. What differentiates Roberts Insurance from other agencies is our philosophy that student insurance programs should be uniquely designed for each individual institution. Our personalized service and attention to detail throughout the entire year is essential for our mutual success. As a result of continued support, we now insure over 140 districts throughout the state.

For the 2019/20 school year, we are pleased to offer Hopkins County Public Schools the following renewal through K&K Insurance, underwritten by Nationwide Life Insurance Company, including a \$7.5 million Catastrophic policy with Zurich American Insurance Company:

- **Plan 4: Scheduled Benefit - \$42,481.40**

If you have any questions, please contact us by phone at 859-623-7684 or toll-free at 1-877-757-2581. We can also be reached by email:

Bob Roberts:            bob@bobrobertsins.com  
Joe Roberts:            joe@bobrobertsins.com  
John Roberts:           john@bobrobertsins.com

We appreciate the opportunity to handle your insurance needs again during the upcoming school year. We look forward to hearing from you!

# Kentucky Student Accident Plan #4



**Eligible Persons Are:** Means any person who is a registered student, teacher, and/or coach of the policyholder.

**Covered Activities:** This policy covers each Eligible Person during the policy period while he or she is: a) participating in school related activities; 1) sponsored by the Plan Sponsor; and 2) on the premises designated and supervised by the Policyholder; or b) traveling with a group in connection with the activities under the direct supervision of the Policyholder c) while participating as a member of a team in intramural, club or interscholastic competitive sports activities sponsored and supervised by the Policyholder.

<b>ACCIDENT MEDICAL EXPENSE BENEFIT</b>	<b>Class 1</b>
Maximum Benefit Amount:	\$25,000 per Insured per Injury
Deductible:	\$0 per Insured per Injury
Benefit Percentage:	100% of R&C
Loss Period:	26 weeks
Benefit Period:	2 year

## **SCHEDULE OF BENEFITS**

The Policy provides benefits for loss due to a covered injury up to the Maximum Benefit of \$25,000 for each Injury. Provided that the treatment begins within 60 days from the date of the Injury, benefits will be payable for covered Medical Expenses incurred within two years from the date of the Injury up to the maximum benefit per service as scheduled below. Covered Expenses means the Medically Necessary and Reasonable Charges for services, supplies, and treatment provided or prescribed by a Physician for which an Insured Person is required to pay. Benefits are subject to all applicable conditions, exclusions and limitations and any deductible and coinsurance provisions shown. Benefits are limited to the amounts shown for specific services or supplies.

**Note:** This Benefit is subject to the Exclusions and other provisions of the Policy. In addition, the following limitations apply. Benefits for Covered Expenses shown below are subject to the Maximum Benefit Amount, Deductible, Benefit Percentage, Loss Period, and Benefit Period shown above, unless otherwise specified. Benefits sub-limits shown below are per Insured Person per injury, unless otherwise specified.

<b>Covered Expenses</b>	<b>Benefit Sub-Limits</b>
<b><i>Inpatient Hospital Services</i></b>	
Hospital Miscellaneous Expense: <i>(including general nursing care and pre-admission testing performed within 3 working days prior to admission)</i>	Maximum \$5,000
<b><i>Outpatient Hospital Services</i></b>	
Hospital Miscellaneous Expense:	Maximum \$1,000
Day Surgery Miscellaneous: <i>(including supplies, drugs and services in connection with scheduled outpatient day surgery)</i>	Maximum \$5,000
Combined X-Ray and Diagnostic Imaging Services:	Maximum \$500
Orthopedic Braces and Appliances:	Maximum \$500
Physical Therapy:	Maximum \$40 for each visit; Maximum of \$400
Prescription Drugs:	Maximum \$100 per injury
Dental Services:	Maximum \$500 per tooth

R&C = Reasonable Charges

**ACCIDENTAL DEATH AND SPECIFIC LOSS BENEFIT****Class ALL**

Aggregate Limit of Liability:	\$500,000
Accidental Death Principal Sum:	\$10,000
Specific Loss Principal Sum:	\$10,000

*See the Specific Loss Benefit Provision in the Policy for any applicable benefit reduction in the Principal Sum.*

This is a brief illustration of coverage offered through the K12 Student Athletic and Accident Insurance. The Master Policy issued will be the contract and will govern and control the payment of benefits. The Policy is a non-renewable one year term policy. The policy contains an Excess Provision for mandatory coverage. No benefits are payable for expense incurred that is paid or payable by other valid and collectible insurance. The Reasonable Charge is determined by comparing charges for similar services to a national database adjusted to the geographical area where the services or procedures are performed, by reference to the 75th percentile of Ingenix schedules. The Insured Person may be responsible for the difference between the Reasonable Charge and the actual charge from the Provider.

# **Catastrophic Summary of Benefits**

Underwritten by Zurich American Insurance Company

## Accident Medical Benefits

- Maximum Benefit Amount: \$7.5 million
- Deductible: \$25,000
- Corridor Deductible
- Benefit Period: 10 years
- Deductible must be satisfied within two years from the date of the Covered Accident

## Catastrophe Cash Benefit

- Maximum Benefit Amount: \$500,000
- Initial Lump Sum Benefit Amount: \$104,000
- Monthly Benefit Amount: \$3,300 payable for up to 120 months

## Heart Failure Benefit

- Benefit Amount- \$10,000

## Seat Belt/Air Bag Benefit

- Maximum Benefit Amount- \$5,000 each

## Accidental Death Benefit

- Benefit Amount- \$10,000

## Accidental Dismemberment Benefit

- Maximum Benefit Amount- \$20,000

## Bethel, Erica

---

**From:** Joe Roberts <Joe@bobrobertsins.com>  
**Sent:** Friday, March 22, 2019 12:03 PM  
**To:** Bethel, Erica  
**Subject:** RE: Student Accident Insurance renewal  
**Attachments:** Hopkins County Schools Extra Point report 2019.pdf

This message was sent securely using Zix

Erica,

I have attached our Extra Point report for Hopkins Co schools. This report gives you a breakdown of your claims, loss ratio and it also explains which activity is producing the most claims.

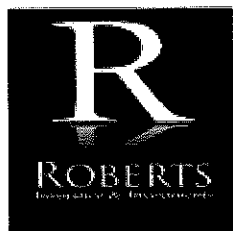
If you look at the first page, you will see that your loss ratio is at 114% for 2017. That number as of 3/1/19 is actually 132%. Loss ratios are your premium divided by how much the insurance company is paying in claims. Insurance companies target loss ratio for Student Accident insurance is about 65%, when we get over that amount premiums will increase.

As you look at the second page, most of the claims are coming from football (65%, this is not uncommon). There have been 8 football claims totaling over \$21,500 in payments made by the insurance company.

So far, 2018 is looking much better and if things continue we should not expect any increase in premium.

I hope this is enough information for you Erica. Have a great weekend!

**Joe Roberts, ChFC**



Registered Representative, LPL Financial  
Roberts Insurance & Investments  
527 West Main Street  
PO Box 1177  
Richmond, KY 40476-1177  
(859) 623-7684  
(859) 623-0242 FAX

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**From:** Bethel, Erica [mailto:erica.bethel@hopkins.kyschools.us]  
**Sent:** Friday, March 22, 2019 11:47 AM  
**To:** Joe Roberts <Joe@bobrobertsins.com>  
**Subject:** RE: Student Accident Insurance renewal

Joe,

I will need an explanation of the premium increase, please.

Thank you!

**Erica Mayhugh Bethel**  
Administrative Secretary I  
Department of Facilities  
Hopkins County Board of Education  
320 S. Seminary Street  
Madisonville, KY 42431  
Phone: 270-825-6000 ext 22202  
Fax: 270-825-6115

**From:** Joe Roberts <Joe@bobrobertsins.com>  
**Sent:** Friday, March 22, 2019 10:43 AM  
**To:** Bethel, Erica <erica.bethel@hopkins.kyschools.us>  
**Subject:** Student Accident Insurance renewal

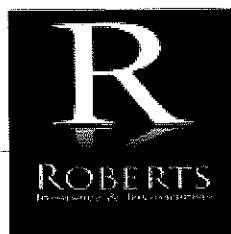
This message was sent securely using Zix

Erica,

Thank you for the call today. I have attached the Student Accident Insurance renewal for the upcoming year. Please let me know if you have any questions.

We appreciate you and we are grateful for our relationship with Hopkins Co schools.

**Joe Roberts, ChFC**



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Policy Years 2017 thru 2018  
 Claims as of 1/1/2019

K and K Insurance Group, Inc.  
 Custom Loss Report

Insured:  
 Hopkins County Schools

Policy Year Sport	Total Charge	Non-Covered Charges	Number of Claims	K and K Amount Paid	Other Insurance Pay	PPO Savings
2017 BASKETBALL	\$41,687.49	\$6,063.21	3	\$3,539.79	\$18,722.23	\$13,362.26
2017 CHEERLEADING	\$13,436.00	\$2,325.65	1	\$121.40	\$1,615.51	\$9,373.44
2017 FOOTBALL	\$428,159.27	\$262,029.36	8	\$21,531.85	\$21,137.80	\$123,460.26
2017 SCHOOL ACTIVITIES	\$22,645.12	\$3,330.55	12	\$1,911.36	\$5,840.52	\$11,562.69
2017 SOCCER	\$74,730.19	\$1,349.26	2	\$3,557.31	\$33,948.62	\$35,875.00
	<b>\$580,658.07</b>	<b>\$275,098.03</b>	<b>26</b>	<b>\$30,661.71</b>	<b>\$81,264.68</b>	<b>\$193,633.65</b>
2018 BAND	\$188.00	\$0.00	1	\$131.02	\$0.00	\$56.98
2018 BASKETBALL	\$0.00	\$0.00	3	\$0.00	\$0.00	\$0.00
2018 FOOTBALL	\$21,243.24	\$6,528.21	5	\$880.04	\$3,764.61	\$10,070.38
2018 SCHOOL ACTIVITIES	\$0.00	\$0.00	3	\$0.00	\$0.00	\$0.00
2018 SOCCER	\$71,036.94	\$27,258.03	5	\$2,008.34	\$7,035.51	\$34,735.06
2018 VOLLEYBALL	\$7,199.00	\$135.40	1	\$896.25	\$282.79	\$5,884.56
	<b>\$99,667</b>	<b>\$33,922</b>	<b>18</b>	<b>\$3,915.65</b>	<b>\$11,083</b>	<b>\$50,747</b>

**HOPKINS COUNTY SCHOOLS**

	2017 Policy Year	2018 Policy Year
PAID CLAIMS	\$30,662	\$3,916
# OF CLAIMS	26	18
AVE COST PER CLM	\$1,179.30	\$217.5
LOSS RATIO	114.1%	14.6%

**2017 thru 2018**

<u>Types of Service</u>	<u>% of Overall Paid Claims</u>	<u>Sport/Activity</u>	<u>% of Overall Paid Claims</u>
HO Hospital Outpatient	42.56%	FOOTBALL	64.82%
SO Surgery, Outpatient	9.45%	SOCCER	16.10%
TX Treatment of Fracture	6.51%	BASKETBALL	10.24%
T2 Physical Therapy, 2nd Visit & Thereafter	6.50%	SCHOOL ACTIVITIES	5.53%
DI Diagnostic Imaging Expense	5.52%	VOLLEYBALL	2.59%
D2 Doctor's Visit, 2nd vis & thereafter-Outpatient	5.44%	BAND	0.38%
AN Anesthesia Expense	4.19%	CHEERLEADING	0.35%
DX X-Ray	4.19%		
DV Doctor's Visit, 1st Visit-Outpatient	3.30%		
CA Casting Services & Supplies	2.94%		
ER Hospital Emergency Care Facility	2.74%		
MS Braces, Orthopedic Appliances	2.65%		
AS Assistant Surgeon Expense	1.47%		
EP ER Physician	1.10%		
PT Physical Therapy, 1st visit	1.04%		
AM Ambulance, Ground	0.25%		
DM Wheelchairs, Hosp beds, Crutches, Med supplie	0.10%		
DL Diagnostic Lab Expense	0.06%		
 <b><u>Leading medical providers</u></b>		<b><u>Leading PPO Discount Providers</u></b>	
BAPTIST HEALTH MADISONVILLE INC	\$9,490	BAPTIST HEALTH MADISONVILLE INC	\$81,497
BAPTIST MEDICAL GROUP	\$7,738	UNIVERSITY OF KENTUCKY	\$53,311
UNIVERSITY OF KENTUCKY	\$4,829	BAPTIST PLAZA SURGICARE LP	\$23,257
FAIRVIEW PHYSICIANS NETWORK	\$2,116	ST MARYS MEDICAL CENTER	\$15,970
JENNIE STUART MEDICAL CENTER	\$1,623	KY PHYSICAL THERAPY SPECIALISTS	\$12,117
ST MARYS MEDICAL CENTER	\$1,264	BAPTIST MEDICAL GROUP	\$12,028
KY PHYSICAL THERAPY SPECIALISTS	\$800	JENNIE STUART MEDICAL CENTER	\$8,367
BAPTIST PLAZA SURGICARE LP	\$681	TRI-STATE ORTHOPAEDIC SURGEONS	\$7,479
LOUISVILLE RADIOLOGY IMAGING	\$679	WILLIAMS AND WAGNER PSC	\$3,981
LIFELINC ANESTHESIA PLLC	\$660	KENTUCKY MEDICAL SERVICES	\$3,498
		LOUISVILLE RADIOLOGY IMAGING	\$2,869
		LIFELINC ANESTHESIA PLLC	\$2,471
		ELIZABETHTOWN PHYSICAL THERAPY	\$1,787
		OWENSBORO HEALTH INC	\$1,714
		ANESTHESIA MEDICAL GROUP PC	\$1,702